Risky News

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2000 RISK MANAGEMENT CONFERENCE

The State Risk Management Conference 2000 was well-received, according to feedback from participants this year. A wide variety of seminars were offered. The conference was held October 13th at the Arvada Center.

Ann Kelly gives stress reduction seminar

Some of the highlights of this year's conference included the "Who Wants to Be a Safety Guru" safety game show emceed by Brenda Hardwick and Michael Schiffmacher. Danny Adams brought the Department of Corrections Smoke House as an outdoor display. There were 20 exhibitors inside with all kinds of risk management items and information on display.

Keynote speaker was Gary Salmans of Marsh Inc. and the luncheon speaker was Stewart Ellenberg, the Risk Manager for the City of Fort Collins.

Julie Ireland from the Colorado Coalition Against Domestic Violence gave a presentation on domestic violence in the workplace.

Wes Lawrence of Pinnacol and Dr. Frank Kim of the Asian & Pacific Islander Research Center, Denver gave a presentation on cultural issues and workers''compensation. Both speakers addressed some of the cultural differences and expectations that affect how employees of different ethnic backgrounds approach being injured on the job. ALso discussed were some of the issues regarding workers' comp. that can make working with an individual of another ethnic group difficult and some ideas on how to work around those difficulties.

Dr. Ron Kramer gave an informative and humorous presentation on sleep deprivation and its effects on workplace safety.

Questionnaires returned by conference attendees indicate the conference was a great success.

Jake Shafer, Verna Williams and Danny Adams show off their Risk Management awards

OSHA UPDATE

New Ergonomics and Needle Safety Rules

The Occupational Safety and Health Administration is issuing a final Ergonomics Program standard (29 CFR 1910.900) to address the significant risk of employee exposure to ergonomic risk factors in jobs in general industry workplaces. Exposure to ergonomic risk factors on the job leads to musculoskeletal disorders (MSDs) of the upper extremities, back, and lower extremities.

Every year, nearly 600,000 MSDs that are serious enough to cause time off work are reported to the Bureau of Labor Statistics by general industry employers, and evidence suggests that an even larger number of non-lost worktime MSDs occur in these workplaces every year. The standard contains an ``action trigger," which identifies jobs with risk factors of sufficient magnitude, duration, or intensity to warrant further examination by the employer. This action trigger acts as a screen.

When an employee reports an MSD, the employer must first determine whether the MSD is an MSD incident, defined by the standard as an MSD that results in days away from work, restricted work, medical treatment beyond first aid, or MSD symptoms or signs that persist for 7 or more days. Once this determination is made, the employer must determine whether the employee's job has risk factors that meet the standard's action trigger. The risk factors addressed by this standard include repetition, awkward posture, force, vibration, and contact stress.

If the risk factors in the employee's job do not exceed the action trigger, the employer does not need to implement an ergonomics program for that job. If an employee reports an MSD incident and the risk factors of that employee's job meet the action trigger, the employer must establish an ergonomics program for that job. The program must contain the following elements: hazard information and reporting, management leadership and employee participation, job hazard analysis and control, training, MSD management, and program evaluation.

The standard provides the employer with several options for evaluating and controlling risk factors for jobs covered by the ergonomics program, and provides objective criteria for identifying MSD hazards in those jobs and determining when the controls implemented have achieved the required level of control.

The final standard would affect approximately 6.1 million employers and 102 million employees in general industry workplaces, and employers in these workplaces would be required over the ten years following the promulgation of the standard to control approximately 18 million jobs with the potential to cause or contribute to covered MSDs. OSHA estimates that the final standard would prevent about 4.6 million work-related MSDs over the next 10 years, have annual benefits of approximately $9.1 billion, and impose annual compliance costs of $4.5 billion on employers. On a per-establishment basis, this equals approximately $700; annual costs per problem job fixed are estimated at $250.

This final rule becomes effective on January 16, 2001. State Agencies are not regulated by OSHA but State Risk Management recommends voluntary compliance with OSHA regulations whenever possible.

President Clinton Signs Safe Needle Legislation

Legislation to help protect healthcare workers from accidental injury by needlesticks, which are injuries from needles and other "sharp" devices used in healthcare facilities, was signed into law by President Bill Clinton on November 6, 2000.

“Today, America's health care providers have been reassured that their own health is as important as their patients' health,” said Secretary of Labor Alexis M. Herman said.

The Needlestick Safety and Prevention Act (H.R. 5178) amends the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard to include the definition of "safer medical

devices" and the requirement that employers must consider and implement the use of such safer medical devices in their facilities.

"Each year one in seven medical professionals experiences a needlestick while caring for sick or injured patients," Herman noted. "Safer and newer equipment that is readily available could prevent many of these injuries. Our nation's health care providers deserve effective protection against deadly and debilitating bloodborne diseases such as AIDS and hepatitis B. This legislation gives it to them by clarifying that OSHA's regulation requires employers to identify and provide safer equipment for their staffs to use."

Rep. Cass Ballenger (R-NC) wrote the bill (H.R. 5178) that passed the House on Oct. 3 and cleared the Senate on Oct. 26, and voiced his elation at the signing of the act.

"Today is the culmination of many months of work to make the needlestick safety legislation a reality," said Ballenger, chairman of the Workforce Protections Subcommittee. "Even before we held the first hearing on this bill, I had heard from a number of nurses and other healthcare workers expressing their support for legislation to deal with problem of sharps injuries. They continued to express support for our efforts as the bill moved through the full committee, the House, and finally the Senate."

ANA President Mary E. Foley, MS, RN, and Massachusetts Nurses Association President Karen Daley, MPH, RN, who became an outspoken proponent of such legislation after she contracted HIV and hepatitis C from a needlestick, joined President Clinton for the bill signing ceremony in the Oval Office. Congress passed the legislation after a long campaign to educate the public and lawmakers by the ANA and its constituent member associations.

"Nurses across the nation are rejoicing today," said Foley. "For so long we have advocated for this legislation, knowing the impact it would have on nurses across the country. This legislation will save countless lives."

The Needlestick Safety and Prevention Act was introduced in the Senate by Senators James Jeffords (R-VT,), Edward Kennedy (D-MA), Michael Enzi (R-WY) and Harry Reid (D-NV) and in the House of Representatives by Congressmen Cass Ballenger (R-NC) and Major Owens (D-NY). The legislation, which had strong bipartisan support, has a number of champions in Congress.

"This new law puts the safety of healthcare workers first," said Rep. John Boehner (R-OH), chairman of the House Employer-Employee Relations Subcommittee. "More than 600,000 needlestick injuries occur annually. Safer medical devices decrease the risk of exposure and improve worker safety. It makes certain that safer medical devices will be used and the lives of health care workers will be made better for it."

Ballenger received praise from House Education and the Workforce Chairman Bill Goodling (R-PA) for his ability to "forge a consensus between the employer and the employee communities on the best way to protect health care workers. Nurses are a vital part of our nation's healthcare system, and this legislation makes their jobs safer."

Fake OSHA Inspector Arrested

Here's why it's a good idea to ask for identification and verify credentials if an OSHA inspector knocks on your door:

A paroled felon who allegedly posed as a Cal/OSHA inspector and threatened several minority-owned small businesses in the Los Angeles area with fines for bogus safety violations was recently arrested in a sting operation after a business owner agreed to be wired and pass marked money to the suspect.

The suspect, Mark Dwayne Jackson, presented false OSHA identification cards and threatened owners with heavy fines and penalties unless they agreed to a cash settlement.

State agencies can get a REAL inspection done free of charge by your friendly Loss Control Specialist at the State Risk Management Office. Call (303) 866-3848 to schedule your safety inspection

A.D.A. UPDATE

Federal law does not require an employer to choose a disabled job seeker over more qualified job applicants, an appeals court has ruled. It is enough that the employer clear away any obstacles to finding the best person for the job, according to the 7th U.S. Circuit Court of Appeals in
Equal Employment Opportunity Commission v. Humiston-Keeling Inc., et al., No. 99-3281.

The court rejected the argument that employers must pass over more qualified applicants in favor of a job seeker who happens to possess a trait covered by anti-discrimination law.

That is affirmative action with a vengeance," Judge Richard A. Posner wrote for a three-judge panel. That is giving a job to someone solely on the basis of his status as a member of a statutorily protected group."

A requirement to give preference to job seekers with disabilities, Posner continued, goes well beyond enabling the disabled applicant to compete in the workplace, or requiring the employer to rectify a situation (such as lack of wheelchair access) that is of his own doing."

The panel affirmed U.S. District Judge George W. Lindberg's grant of summary judgment in favor of Humiston-Keeling Inc.

Nancy Cook Houser had worked for the company as a picker" who carried pharmaceutical products from a shelf to a conveyer belt in a warehouse.

After an accident left Houser with lateral epicondylitis, or tennis elbow, she was assigned to work as a greeter at a construction site.

That job ended when the construction project was completed, and Houser applied for several vacant clerical positions at Humiston-Keeling.

But the company filled those positions with other applicants and eventually fired Houser.

The Equal Employment Opportunity Commission then brought a lawsuit accusing Humiston-Keeling of violating the Americans With Disabilities Act, 42 U.S.C. sec12101.

The EEOC acknowledged that Houser's disability played no role in the company's decision to reject her for the clerical jobs.

And the EEOC acknowledged that the company consistently followed a policy of selecting the best applicant for a position rather than the first qualified person who applied.

But Humiston-Keeling was required to do more than give Houser an opportunity to compete for the clerical positions, the EEOC argued.

The EEOC contended that Houser was entitled to one of those positions so long as she was minimally qualified to do the work and so long as her placement in the job did not impose an undue hardship on the company.

The 7th Circuit panel rejected that argument.

The panel acknowledged that an employer has a duty under the ADA to try to find a new position for a disabled employee who cannot be accommodated in her current position.

But the employee is entitled to the new position only if the reassignment is feasible and does not require the employer to turn away a superior applicant," the panel said.

The panel noted that the 10th Circuit in two decisions -- Smith v. Midland Brake Inc., 180 F.3d 1154 (1999), and Davoll v. Webb, 194 F.3d 1116 (1999) -- had reached a contrary conclusion.

But the 10th Circuit rulings were inconsistent with 7th Circuit decisions that held that the ADA is not a mandatory preference act," the panel said.

The panel said the 7th Circuit decisions were Dalton v. Subaru-Isuzu Automotive Inc., 141 F.3d 667 (1998); Malabarba v. Chicago Tribune Co., 149 F.3d 690 (1998); and Matthews v. Commonwealth Edison Co., 128 F.3d 1194 (1997).

A policy of giving the job to the best applicant is legitimate and nondiscriminatory," the panel said. Decisions on the merits are not discriminatory."

Joining in the opinion were Judges Richard D. Cudahy and Terence T. Evans.

A state mental hospital in Illinois is not liable for refusing to accommodate a psychologist by insulating him from violent and sick patients because patient contact was essential to the job, the U.S. Court of Appeals for the Seventh Circuit ruled Oct. 25 (Webb v. Clyde L. Choate Mental Health and Dev. Ctr., 7th Cir., No. 99-2725, 10/25/00).

Writing for the court, Judge William J. Baker found that Jeffrey Webb was not qualified for his job at Clyde L. Choate Mental Health and Development Center because the position required direct interaction with violent and infectious patients. But he was not disabled as a psychologist generally, or precluded from other counseling positions, the court found.

To be substantially limited in the major life activity of working under the Americans with Disabilities Act, a plaintiff must show that his disability prevents him from performing a class of jobs, the court explained. It distinguished work at Choate, where many patients are housed "precisely because they exhibit unpredictable violent behavior—the very behavior Webb asserts he is unfit to counsel"—from "the typical sedentary 'office therapy' most commonly associated with the profession."

Webb, who had asthma, osteoporosis, and a weakened immune system, was a psychologist at Choate, a residential facility operated by the state of Illinois. He took two leaves of absence because of his illnesses, and in 1996, he asked for eight accommodations.

Choate granted the first six, which involved Webb's office environment, medication storage facilities, and permission to attend medical appointments. The hospital denied the last two, however, which sought exemption from intentional contact with patients displaying violent behavior and those known to have infectious diseases.

The hospital denied those requests because Webb's position required "significant direct contact" with violent patients. Because incoming patients had impaired communication skills, it also was hard to tell whether they had infectious diseases, the hospital said. Choate eventually fired Webb.

Webb sued the hospital in the U.S. District Court for the Southern District of Illinois, alleging that Choate failed to accommodate him and terminated him because of his disability. The district court granted summary judgment to the employer.

On appeal, the Seventh Circuit held that Webb failed to establish that he had a disability under the ADA because he did not show that his impairments "substantially limited [him] from employment generally,' " Baker wrote, citing Skorup v. Modern Door Corp., 153 F.3d 512, 77 FEP Cases 1366 (7th Cir. 1998).

Even if Webb were disabled, the court continued, he cannot show that he was qualified for his job. "There is no violation of the ADA if Webb cannot perform the essential functions of his job," Baker said. Choate showed that interaction with patients is an essential function, and Webb's request would have required restructuring his position, "wholly undercut[ting] the essential functions of the job."

Even if Webb could show that he was a qualified individual with a disability who could perform the essential functions of his job with accommodation, the court said, Choate was not required to grant his request. "At the core, Webb's requests seem to ask Choate to change the type of patients the facility serves in order to accommodate his impairments," the court noted. "Such a request, of course, is unreasonable."

In addition, Choate would be placed on a "razor's edge" of being required to determine which patients might be violent or infectious, the court said. Other employees might be placed at risk if Webb had to step aside and wait for someone else to deal with an emergency, it observed.

Choate had claimed that the Seventh Circuit had no jurisdiction over the appeal. The appeal had once been voluntarily dismissed, the hospital argued, and could not be reinstated outside the time limit for filing the original appeal notice.

"[T]he jurisdictional facts of this case present a series of misunderstandings between Webb and this Court," the Seventh Circuit said.

LEGAL UPDATE

The U.S. Supreme Court has rejected the appeal of a married couple who say they were sexually harassed at work by the same supervisor, letting stand a ruling that said a key federal law does not apply to bisexual harassers.

The court, acting without comment on Monday, turned away the appeal of Steven and Karen Holman, who work together in the maintenance department of the Indiana Department of Transportation.

They sued the state and the department in 1997 over the alleged conduct of their supervisor, shop foreman Gale Uhrich.

In the lawsuit, Karen Holman alleged that Uhrich had been harassing her since late 1995 -- touching her body, standing too closely and asking her to go to bed with him.

Her husband alleged that Uhrich had begun in the summer of 1995 to ask him for sexual favors.

Both spouses also alleged the Uhrich retaliated against them for rejecting his advances.

The lawsuit invoked a federal law known as Title VII of the Civil Rights Act of 1964, which bans on-the-job discrimination because of someone's sex.

A federal trial judge threw out the sexual-harassment allegation in the Holmans' lawsuit, and the 7th U.S. Circuit Court of Appeals upheld that dismissal last May.

"Title VII does not cover the 'equal opportunity' or 'bisexual' harasser …because such a person is not discriminating on the basis of sex," the appeals court ruled. ``He is not treating one sex better or worse than the other; he is treating both sexes the same albeit badly."

In the appeal acted on Monday, the Holmans urged the nation's highest court to give the federal law a broader sweep than did the 7th Circuit court.

"Title VII is not a 'bisexual immunity' statute -- it prohibits sexual harassment in the workplace," the appeal argued. The case is Holman v. Indiana, 00-230.

INTERNET UPDATE

OSHA Introduces New Web Page

OSHA has introduced a new page on its Web site detailing successful safety and health partnerships and encouraging new voluntary partnerships to reduce workplace injuries and illnesses. Titled "Partner with OSHA: New Ways of Working," it describes nearly 80 current partnerships. Many of these joint ventures focus on areas addressed in OSHA's Strategic Plan. The site also provides information on public/private collaborations and a guide on initiating partnerships.

"We are always striving for new and effective ways to reduce workplace injuries and illnesses," said OSHA Administrator Charles N. Jeffress. "This site highlights successful partnerships and offers recommendations on ways to establish new working relationships and address our common goal of improving workplace safety."

Program partners may receive outreach training, technical assistance and on-site consultation services. Partnerships benefit employers and employees by reducing workplace injuries and decreasing workers' compensation premiums.

OSHA incentives offered to partnering employers include focused inspections limited to only the most serious hazards, reduced fines, no penalties or citations for other-than-serious violations and opportunities to share safety and health program resources.

The new partnership page is available on OSHA's Web site, osha.gov, under the "Outreach" page. The web address for the page is":
http://www.osha-slc.gov/fso/vpp/partnership/index.html

SAFETY UPDATE

New Jersey State Employees To Be Protected by OSHA Regulations

New Jersey public employees would be covered by a safety and health plan for the first time under a proposal to permit the state to operate its own job safety and health program. The U.S. Occupational Safety and Health Administration (OSHA) is currently seeking public comment on the proposal.

If approved, New Jersey will join Connecticut and New York as one of three states authorized by OSHA to offer a safety and health program specifically for public employees. The New Jersey plan would be the first new state plan since New York was added in 1984. Twenty-three other states have OSHA-approved plans covering private sector employment that extend coverage to state and local government employees.

"Our hard-working men and women in the public sector deserve to be protected under a quality safety and health program," said OSHA Administrator Charles N. Jeffress. "The state of New Jersey has shown a strong commitment to protecting their public employees and making workplace safety a priority."

Approval of the New Jersey plan is contingent on the availability of federal grant funding in the FY 2001 Department of Labor appropriation, which is pending final Congressional and Presidential action. The plan would be administered by the New Jersey Department of Labor and would cover more than 470,000 public employees, including approximately 112,900 state government workers and roughly 357,100 municipal employees. Private sector employees remain under the jurisdiction of federal OSHA.

The New Jersey plan has adopted standards identical to most federal OSHA safety and health standards and has committed to bring all of its standards into line with OSHA requirements. The state plan also provides that future OSHA standards and revisions will be adopted by the state.

The Occupational Safety and Health Act of 1970 and 29 CFR Part 1956 allow states and territories to establish plans that cover only state and local government employees. Once a state plan is approved, OSHA funds up to 50 percent of the program's operating costs.

To be eligible for initial approval of a developmental public employee only state plan, a state must propose to operate an occupational safety and health program that is, or will be, "at least as effective" as the federal program. It also must have a sufficient number of safety inspectors and industrial hygienists to run the program effectively. Finally, the state must provide data to federal OSHA on its activities.

Written comments on OSHA's proposal to approve the New Jersey plan as well as any requests for public hearings should be submitted by Dec. 13, 2000, in duplicate, to the Docket Officer, Docket T-034, U.S. Department of Labor, Room N2625, 200 Constitution Ave. NW, Washington, DC; 20210. Comments limited to 10 pages or fewer may also be transmitted by fax to 202-693-1648 provided the original and one copy are sent to the Docket Office later. Electronic comments may be submitted to http://ecomments.osha.gov/.

OSHA RESPIRATORY PROTECTION

Guidelines for the revised OSHA respiratory protection standard are available on-line at http://www.osha-slc.gov/html/respirator.html

The website includes a Powerpoint file and a Frequently Asked Questions guide.

NIOSH also has information on respirators at http://www.cdc.gov/niosh/87-108.html

Questions and answers about the standard are at http://www.osha.gov/qna.pdf

The State of Colorado is not regulated by OSHA but State Risk Management recommends voluntary compliance with OSHA standards when possible.

BACK BELTS DON'T WORK, STUDY SAYS

In the largest study of its kind ever conducted, the Centers for Disease Control and Prevention's (CDC)'s National Institute for Occupational Safety and Health (NIOSH) found no evidence that back belts reduce back injury or back pain for retail workers who lift or move merchandise, according to results published in the Journal of the American Medical Association (JAMA) Dec. 6th issue.

The study, conducted over a two-year period, found no statistically significant difference between the incidence rate of workers' compensation claims for job-related back injuries among employees who reported using back belts usually every day, and the incidence rate of such claims among employees who reported never using back belts or using them no more than once or twice a month.

Similarly, no statistically significant difference was found in comparing the incidence of self-reported back pain among workers who reported using back belts every day, with the incidence among workers who reported never using back belts or using them no more than once or twice a month. Neither did the study find a statistically significant difference between the rate of back injury claims among employees in stores that required the use of back belts, and the rate of such claims in stores where back belt use was voluntary.

Back belts, also called back supports or abdominal belts, resemble corsets. In recent years, they have been widely used in numerous industries to prevent worker injury during lifting. There are more than 70 types of industrial back belts, including the lightweight, stretchable nylon style used by workers in this study. Approximately four million back belts were purchased for workplace use in 1995, the most recent year for which data were available. The results of the new study are consistent with NIOSH's previous finding, reported in 1994, that there is insufficient scientific evidence that wearing back belts protects workers from the risk of job-related back injury.

"Work-related musculoskeletal disorders cost the economy an estimated $13 billion every year, and a substantial proportion of these are back injuries," said CDC Director Jeffrey P. Koplan, M.D., M.P.H. "By taking action to reduce exposures, employers can go a long way toward keeping workers safe and reducing the costs of work-related back injury."

This study was the largest prospective study ever conducted on use of back belts. From April 1996 to April 1998, NIOSH interviewed 9,377 employees at 160 newly opened stores owned by a national retail chain. The employees were identified by store management as involved in materials handling tasks (lifting or moving merchandise). Through interviews, data was gathered on detailed information on workers' back-belt wearing habits, work history, lifestyle habits, job activities, demographic characteristics, and job satisfaction. The study also examined workers' compensation claims for back injuries among employees at the stores over the two-year period.

In a prospective study, researchers identify a cohort or group of workers for evaluation, and then collect current information on that group as the study progresses. In this study, NIOSH determined workers' habits in wearing back belts in advance of any injuries, and collected data as workers filed back injury claims.

Findings from this study included:

There was no statistically significant difference between the rates of back injuries among workers who wore back belts every day (3.38 cases per 100 full time equivalent workers or FTEs) and back injury rates among workers who never wore back belts or wore them no more than once or twice a month (2.76 cases per 100 FTEs).

There was no statistically significant difference between the incidence of self-reported back pain among workers who wore back belts usually every day (17.1 percent) and the incidence of self-reported back pain among workers who never wore back belts or wore them no more than once or twice a month (17.5 percent). There was no statistically significant difference

between the rate of back injury claims in stores requiring the use of back belts (2.98 cases per every 100 FTEs) and the rate in stores where back belt use was voluntary (3.08 cases per 100 FTEs).

A history of back injury was the strongest risk factor for predicting either a back-injury claim or reported back pain among employees, regardless of back-belt use. The rate of back injury among those with a previous history of back pain (5.14 cases per 100 FTEs) nearly twice as high as the rate among workers without a previous history of back pain (2.68 per 100 FTEs).

Even for employees in the most strenuous types of jobs, comparisons of back injury claims and self-reported back pain failed to show any differences in rates or incidence associated with back belt use.

"We appreciate the partnership offered by workers and management in helping us conduct this important study," said NIOSH Acting Director Lawrence J. Fine, M.D., D.P.H. "We look forward to working closely with industry and labor to disseminate our findings as widely as possible."

NIOSH ISSUES CHARTBOOK ON JOB INJURY, ILLNESS STATISTICS AND TRENDS

Data from many different sources on the nature and prevalence of work-related injuries, illnesses, and deaths are now available in one publication for the first time in "Worker Health Chartbook, 2000," released by the National Institute for Occupational Safety and Health (NIOSH).

The Chartbook provides a one-stop resource for current statistics on numbers and types of occupational injuries, illnesses, and deaths by year, as well as incidence rates and trends over time. The statistics are presented in easily readable charts, tables, and graphs, with accompanying text summaries.

The data are grouped according to subject matter, including an overview chapter, individual chapters for fatal and non-fatal injuries and illnesses, and a chapter focusing on mining, the industry with the highest rate of fatal work-related injuries in the U.S.

The data are drawn from many different systems administered by the U.S. Bureau of Labor Statistics, NIOSH, and other government agencies for monitoring the incidence of occupational injuries, illnesses, and deaths.

"For the first time, the Chartbook offers a handy working reference that puts volumes of data at users' fingertips," said NIOSH Director Linda Rosenstock, M.D., M.P.H. "Also, by illustrating the fragmentary nature of occupational injury and illness surveillance and showing current gaps in information, the Chartbook presents compelling evidence for the need to improve, coordinate, and expand the existing surveillance systems."

The Chartbook provides a unique resource for identifying new and emerging occupational safety and health problems, tracking and monitoring occupational injury and illness incidence over time, targeting and evaluating the effectiveness of efforts to prevent job-related injury and illness, anticipating future needs and concerns, and identifying critical areas where more data are needed.

It is designed to be used by anyone interested in occupational safety and health, including occupational safety and health practitioners, legislators and policy makers, health care providers, educators, researchers, workers, and employers.

"NIOSH could not have produced this landmark resource alone," said Dr. Rosenstock. "Many other government agencies helped us compile and collate data from their respective injury and illness monitoring systems. Through similar partnerships, we and our colleagues in labor, industry, and government are working to identify and fill current gaps in occupational injury and illness surveillance."

Copies of "Worker Health Chartbook, 2000" are available by calling the toll-free NIOSH information number, 1-800-35-NIOSH (1-800-356-4674). The book is also available electronically on the World Wide Web at http://www.cdc.gov/niosh/00-127pd.html. For further information on NIOSH research, contact the toll-free number or visit the NIOSH Web page at www.cdc.gov/niosh.

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